

RULEMAKING NOTICE FORM

Notice Number 2017-1

Rule Number He-W 520.04

1. Agency Name & Address:

**Dept. of Health & Human Services
Office of Medicaid Business and Policy
129 Pleasant Street
Concord, NH 03301**

2. RSA Authority:

RSA 161:4-a, X

3. Federal Authority:

4. Type of Action:

Adoption

Amendment

Repeal

Readoption

Readoption w/amendment **X**

5. Short Title: **Medicaid General Program Information and Provider Requirements – Surveillance and Utilization Review and Control**

6. (a) Summary of what the rule says and of any proposed amendments:

He-W 520 describes general program information and requirements for enrolled New Hampshire Medicaid providers. He-W 520.04 describes the surveillance and utilization review and control activities conducted by the Department.

No changes to Department policy are being proposed. Changes to the existing rule include those that improve the rule's clarity and make the rule consistent with other Medicaid service rules.

The rule is due to expire on January 17, 2017, but is subject to extension pursuant to RSA 541-A:14-a.

6. (b) Brief description of the groups affected:

The rule affects all enrolled NH Medicaid Providers.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

| <u>RULE</u> | <u>STATE OR FEDERAL STATUTE THE RULE IMPLEMENTS</u> |
|--------------------|--|
| He-W 520.04 | 42 CFR 455; 42 CFR 456 |

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Michael Holt**

Title: **Rules Coordinator**

Address: **Dept. of Health and Human Services
Administrative Rules Unit
129 Pleasant St.
Concord, NH 03301**

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TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:

<http://www.dhhs.nh.gov/oos/aru/comment.htm>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Thursday, February 16, 2017**

☒ Fax

☒ E-mail

☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Thursday, February 9, 2017 at 1:00 p.m.**

Place: **DHHS Brown Bldg., Room 232, 129 Pleasant St., Concord, NH**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # **16:258**, dated **12/29/16**

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

There is no difference in cost when compared the proposed rules to the existing rules.

2. Cite the Federal mandate. Identify the impact of state funds:

No federal mandate, no impact on state funds.

3. Cost and benefits of the proposed rule(s):

A. To State general or State special funds:

None.

B. To State citizens and political subdivisions:

None.

C. To Independently owned businesses:

None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposed rule does not modify an existing program or responsibility, and does not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.

Readopt with amendment He-W 520.04, effective 1/17/09 (Document #9365), cited and to read as follows:

CHAPTER He-W 500 MEDICAL ASSISTANCE

PART He-W 520 GENERAL PROGRAM INFORMATION

He-W 520.04 Surveillance and Utilization Review and Control.

(a) The purpose of a surveillance and utilization review and control program is for the department to:

- (1) Assess the quality of the care, services, and supplies received by recipients and for which a ~~Title XIX~~-medicaid program has reimbursed providers;
- (2) Detect, correct, and prevent occurrences of unnecessary or inappropriate medical care, service, or supply usage by recipients, or provision by providers, for which a ~~Title XIX~~ medicaid program has reimbursed providers; and
- (3) Ensure that accurate and proper reimbursement has been made for the care, services, or supplies provided.

(b) The department shall be responsible for surveillance and utilization review and control activities by:

- (1) Performing the utilization reviews directly, or contracting with professional organizations for the performance of reviews; and
- (2) Monitoring the results of reviews to ensure appropriate corrective action has been taken.

(c) Reviews described in (b)(1) and (2) above shall include:

- (1) Reviewing recipient utilization and provider service profiles generated quarterly by the MMIS in accordance with 42 CFR 456.23;
- (2) Reviewing provider claims selected randomly;
- (3) Reviewing claims for all or selected services for a given period of time;
- (4) Application of the Centers for Medicare and Medicaid Services' National Correct Coding Initiative (CMS NCCI) to review claims processed by the fiscal agent to ensure:
 - a. That the provider has coded claims properly; and
 - b. That the claims processing system has made proper payment through application of edits based upon the CMS NCCI;
- (5) An on-site review of hospital, office, or other provider records to establish the accuracy of claims data and to ensure other documentation supports the claim for services rendered;

(6) Contacting recipients to verify that services or supplies claimed for reimbursement by providers were actually rendered;

(7) Contacting providers in order to recover overpayments or correct underpayments; and

(8) Referring cases of potential fraud for further investigation and possible criminal action, pursuant to 42 CFR 455.15.

APPENDIX B

| RULE | STATE OR FEDERAL STATUTE THE RULE IMPLEMENTS |
|-------------|---|
| He-W 520.04 | 42 CFR 455; 42 CFR 456 |